

MEDICAL RELEASE FORM

We, the undersigned, parents/legal guardians of: \_\_\_\_\_, a minor do hereby authorize the SHELTERING BRANCH BAHAI SCHOOL COMMITTEE, as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical stall or licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any such specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of her/his best judgment may deem advisable

It is also understood that a Licensed Registered Nurse, Emergency Medical Technician, or other person as designated by the School Committee, may administer first aid or emergency medical treatment as deemed necessary.

This authorization shall remain in effect until \_\_\_\_\_, unless sooner revoked in writing and delivered to said agent(s).

Date \_\_\_\_\_

Father \_\_\_\_\_

Mother \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Group # \_\_\_\_\_

Individual # \_\_\_\_\_

List ongoing medical problems and medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_